

Form CPF D105: Summary Report of Campaign

Receipts and Expenditures

CAMPAIGN & POLITICAL FINANCE

Office of Campaign and Political Finance

of Massachusetts	Y				
ile with: Director Office of Campaign and Political Finance One Ashburton Place Boston, MA 02108 617) 727-8352		CPF ID#	For Office Use		
Reporting Period from:	/0 //6 /2 00 / Date Month Year	through 10/31	/ZWI		
Name of Candidate/Committee	COMMITTEE TO EL	LECT DENISE SEMMONS			
Office Sought:	CITY COUNCIL - CAMBRIDGE, MA.				
Name of Bank Sovereign	Bank New England	63004992168			
Beginning Balance for Reporting	Period	\$	7,633.72 (1)		
Total Receipts in the Reporting P	eriod	\$	1,930.00 (2)		
Total Expenditures in the Report	ing Period	\$	8,865.97 (3)		
Ending Ralance for the Reportin	a Period	\$	697.75 (4)		

I hereby declare that the information contained herein is true and correct to the best of my knowledge and beliefy

Signature of Cashier or Bank Treasurer

Donna M. Campbell/Eleanor M Coolidge

Name of Cashier or Bank Treasurer

(617) 533-1104/1137

Telephone Number

Form CPF D106: Receipts and Expenditures Report

Report of Expenditures
For Bank Use Only

CAMPAIGN & POLITICAL FINANCE

Office of Campaign and Political Finance, One Ashburton Place, Boston, MA 02108 (617) 727-8352

Candidate Name:

COMMITTEE TO ELECT DENISE SIMMONS

Committee Name:

CITY COUNCIL-CAMBRIDGE, MA.

Name of Bank:

Sovereign Bank New England

63004992168

Reporting Period:

10/16/2001

through 10/31/2001

Page#

Instructions to Bank

 The following forms have been provided for banks to fullfill the depository reporting requirements: CPF D105 Summary Sheets, to be completed and signed by the bank CPF D106 Contributions and Expenditures report, bank completes expenditures side only

- 2. To prepare the expenditure lists, the bank should first collect all checks presented for payment in the reporting period. They should then be sorted in alphabetical order. Checks should then be listed alphabetically, showing the date the check was paid, the payee's name and address, the purpose code number, the specific purpose and the amount. This information should be taken from the front of the check, exactly as it was written by the committee. If any information is omitted from the check, the bank should place an asterisk (*) in the appropriate column on this form.
- 3. Please also list any other expenditures made from this account, including wire transfers, bank charges and fees.

Purposes of Payment

1. TV, Radio

4. Printing

7. Signs or Displays

2. Newspaper

5. Office

8. Transfer of Funds

3. Meetings

6. Travel

9. Other.....

DateChkPd	Payee : Payee	Address	Code	Specific Purpose	Amount
10/16/01	ALL ASIA CAFE	334 MASS. AVE / CAMBRIDG	3	VOLUNTEER GATHERING	\$100.00
10/17/01	ANNETTE HALL	*	9	BULK MAIL FEE	\$125.00
10/17/01	SIMARD PRINTING	300 SALEM ST / WOLBURN	4	PRINTING	\$300.00
10/17/01	ALL ASIA	334 MASS. AVE/CAMBRIDG	3	VOLUNTEER RALLY	\$110.00
10/17/01	STAPLES	LANDMARK CTR / BOSTON	5	LASER LABELS	\$11.53
10/23/01	CAMBRIDGE OFFSET PRINTI	56 CREIGHTON/CAMBRIDG	4	PRINTING-POSTAGE	\$5,952.56
10/26/01	KIMBERLY JOHNSON	195 SOCETA ST/JAMAICA PL		PUBLICITY WORK	\$250.00
10/29/01	ANNETTE HALL	*	9	VOLUNTEER COORDINATO	\$100.00
10/29/01	POSTMASTER - CAMBRIDGE	MASS AVE / CAMBRIDGE	9	4000 34 CENT STAMPS	\$1,360.00
10/29/01	SOVEREIGN BANK	MASS AVE / CAMBRIDGE	9	CASHIER'S CHECK	\$6.00
10/30/01	CEPEDA	97 STALTEPHEN / BOSTON		GRAPHIC DESIGN	\$350.00
10/30/01	STAPLES	LANDMARK CT / BOSTON		LABELS & ENVELOPES	\$80.03
10/31/01	S & S DELI	HAMPSHIRE/CAMBRIDGE		SENIOR COFFEE	\$79.60
10/31/01	SOVEREIGN BANK	2 MORRISSEY BLVD		SERVICE FEE	\$41.25

Total Expenditures this page \$8,865.97





Form CPF D106: Receipts and Expenditures Report PAIGN & POLITICAL Office of Campaign and Political Finance

Report of Receipts

Offic	Office of Campaign and Political Finance, One Ashburton Place, Boston, MA 02108 (617) 727-8352					
	Candidate Name: Committee Name: Committee Name: Committee To Elect Denise Simmons Name of Bank: Reporting Period from: Please print or type all information on this form Committee To Elect Denise Simmons Committee To Elect Denise Simmons Tolight Through 10/3/11 Page # 1					
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			e name and residential address to be pro			
			vear. In addition, the occupation and emperon in a calendar year.	oloyer is also	required for persons who	
				A	O	
	Cash/ Bank #	Deposit Date	Name and Address (Alphabetical listing mandatory)	Amount \$	Occupation and Employer (Contributions \$200 or more)	
-			Dawn Beckman		(Contributions 5255 of more)	
. 1	255	10/18/01	6 IVEST ACRIMA02138	1000		
1		151 1	James Braute & Kris Rondogu	700,		
2	5-2017	19/8/01	108 Inmanst	100.00		
3	5-24	10/1	Cambridge, MAO2139			
3	5-797	10/18/01	192 uptend Rd ADZI 40	100,00		
4	5/13	/ 5	Tango Co T Historia			
1	10113	1918/15	Permiserton Pi TM temberto	150		
5		(-()	Elizabeta Dunn			
	53-59	10/8/01	Zy wal Kerst Aozi 38	10000		
6		colod	Laurakershner		Section of the sectio	
	543	(0/9)	Cambridge, MAOZI39	50.00		
7	55.39	10/18/1	John Storge			
	1000	1.0/01	348 WINDSON ST 2000 MACON MAO 2139	100.00		
8	5-13	Volley	Andrew Spears alba A.J.	^>		
-		10/18/01	124 Westernar, Camb, 02139	100'09		
9			1			
L					-	
10	ו					
L		1	Continuing in process of \$500 (as listed at any	S ==	-	
			Contributions in excess of \$50 (or listed above	·		
			Contributions \$50 and under (not listed above)		Total Deposit (sum of all pages)	
			Total this page	111000	d . 1120 00	

Candidate or Committee: Fill out this side only in triplicate and take to the bank with your deposit. One copy should be receipted by the bank and then retained by the committee: the bank keeps two copies, one of which will be sent to OCPF.

4/97



Form CPF D106: Receipts and Expenditures Report PAIGH & POLITICAL Office of Campaign and Political Finance

Report of Receipts

Offic	e of Campa	ign and Poli	tical Finance, One Ashburton Place, Boston, MA	02108 (617)	727-8352	
	didate N		Please print or type all information			
	imittee N		Committee to E	ect-J	Denise Simmons	
438	Reporting Period from: Concercion Bank: Concer					
•						
than						
Cash/ Deposit			Name and Address	Amount \$	Occupation and Employer	
	Bank#	Date	(Alphabetical listing mandatory)		(Contributions \$200 or more)	
1	53-875	10/25	Julia Stanberger 155 Cherry St 0#2 Campudgo, MAO2139	150,00		
2						
3						
4						
5					011075150 Sovereign 0630,003	
6	5				ncī 25 2001	
1	7					
1	8				L	
1	9					
1	0					
L			Contributions in excess of \$50 (or listed above	150.0		
			Contributions \$50 and under (not listed above) Total this page		Total Deposit (sum of all pages)	

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am ep 1. G	.L. c. 55 \$50 in a	Name: nk: eriod from requires the calendar y	Please print or type all information Denise Simms Committee to E Sovereign Ban throw e name and residential address to be proper. In addition, the occupation and empleting a calendar year.	ough in 3 vided for all of	Page #3 contributors who donate more required for persons who
	Cash/ Bank#	Deposit Date	Name and Address (Alphabetical listing mandatory)	Amount \$	Occupation and Employer (Contributions \$200 or more
1	53-59	10/30/01	Sheila Cook 34 Follen St cambridge, MA02138	100,00	
2	5-7017	10/30/01	Steven C. Dóuglas	100,00	
3	53 7GO	10/30/01	Renae Gray St #3	35,00	
4			3-)		
5					
6					011075150 Sovereign Sovereign
7					06311
8					00.
9					and the second second
10					
_	1 .		Contributions in excess of \$50 (or listed above	000	
			Contributions \$50 and under (not listed above)	1 2 55	Total Deposit (sum of all pages)

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